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**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**
**Customer No. 000030004
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**PROCESS AND MECHANISM FOR
SCANNING A REGISTER MARK**

Express Mail Label No. **EV 325464833 US**

Name: Carmen V. Versinger

Date: February 9, 2004

First Named Inventor (or Application Identifier):
Christian F. Engeln, et al.

Enclosed are:

1. ☒ Specification
2. ☐ 2 Sheet(s) of drawing(s)
3. ☒ Information Disclosure Statement Under 37 CFR 1.97
4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New (*Unsigned*)
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed))
5. ☐ Incorporation by Reference (useable if Box 4b is
6. ☐ Assignment of the invention to
NexPress Solutions LLC
7. ☒ Certified copy of German Priority Appln.
No. 103 06 442.7 - Filed: 02/17/2003
8. ☐ Associate Power of Attorney
9. ☐ Deletion of Inventor(s).

Checked The entire disclosure of the prior application, from
which a copy of the oath or declaration is supplied under Box 4b,
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.

Signed statement attached deleting inventor(s) named
in the prior application, see 37 CFR 1.63(d)(2) and
1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,
after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. ,
filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No: _____ -

Filed: _____, Entitled:

12. ☒ Please address all written communications to: **Lawrence P. Kessler, Patent Department,**
NexPress Solutions LLC, 1447 St. Paul Street, Rochester, New York 14653-7103 (U.S.A.)
Please Direct all telephone calls to: **Lawrence P. Kessler** at Telephone No. **(585) 253-0123**.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	8	- 20 =	x 18 =	\$ 0
INDEPENDENT CLAIMS	2	- 3 =	x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			TOTAL	\$ 770

- ☒ Please charge the NexPress Solutions LLC, Deposit Account No. **50-1466** in the amount of: **\$770.00**

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- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under
37 CFR 1.16 or credit any overpayment to: NexPress Solutions LLC, Deposit Account No. **50-1466**.

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